

# Form C – LEARNING DISABILITY VERIFICATION FORM

**C1 - To be completed by applicant. C2-C8 - To be completed by the licensed healthcare professional.**

## ►NOTICE TO APPLICANT:

Form C, page C1, is to be completed by you. **Please complete, sign and have this page, C1, notarized before submitting the entire form, pages C1-C8, to your licensed healthcare professional for completion.**

Form C, pages C2-C8 are to be completed by the licensed healthcare professional who has been involved in the treatment of your disability or disabilities.

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Registration Number (if applicable)

**►NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:** *For your convenience, this form (Form C – Learning Disability) is also available on the Board’s website ([www.vbbe.state.va.us](http://www.vbbe.state.va.us)) in a fillable “pdf” version.* Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant’s request for test accommodations.

**I. Qualifications of the Licensed Healthcare Professional**

Name of professional completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation/specialty: \_\_\_\_\_ / \_\_\_\_\_

(Jurisdiction) License/Certification Number ( \_\_\_\_\_ )

Name of Licensing Entity: \_\_\_\_\_

**MEMO TO LICENSED HEALTHCARE PROFESSIONAL:**

Following is the Board’s policy for determining whether to grant test accommodations on the General Bar Examination:

*In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.*

*A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. “Substantially” means “considerable” or “specified to a large degree.” A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.*

*The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is “substantially limited” in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body’s own systems.*

*Thus, merely having an impairment does not make an individual disabled for purposes of the ADA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA, an applicant must further show that the limitation on the major life activity is “substantial.”*

*The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.*

*Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant’s request for test accommodations.*

Legibly print or type your response to the items below. Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Is the Applicant's disability within your field of expertise? \_\_\_\_ Yes \_\_\_\_ No

If your answer is "yes," please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

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Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

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## **II. Diagnostic Information Concerning Applicant**

In order to be entitled to accommodations based on a learning disability, the individual must provide documentation, at his/her expense, establishing that: 1) He/she has a learning disability that substantially limits a major life activity, and 2) the learning disability results in functional limitations that require accommodations in order to take the examination on an equal basis with other applicants for the examination. The evaluation must:

1. Have been administered within the last four (4) years and after the Applicant's eighteenth (18th) birthday;
2. Document an information processing deficit;
3. Certify that the Applicant's aptitude is within the average or above-average range;
4. Identify a significant discrepancy in aptitude-achievement as well as in processing measures; such discrepancies cannot be obtained from a single subtest; and,
5. Document that the Applicant is substantially limited in a major life activity.

Date of last evaluation/assessment of the Applicant. \_\_\_\_\_

In the block below, provide a concise description of your diagnosis (please include the specific DSM-IV diagnosis).

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### **III. Formal Testing**

An Applicant with specific learning disabilities must have been identified by an appropriate psycho educational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include:

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
2. Clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in standard scores and percentiles);
3. Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues, or English as a second language) affecting the individual's performance;
4. A specific diagnostic statement. That statement should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems;" and,
5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including all the above outlined information, must accompany this form. It should be kept in mind that when choosing a test battery, the technical aspects of each test must be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the general adult population. Again, the professional judgment of the evaluation is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability
  - Wechsler Adult Intelligence III (WAIS III) (including IQ, Index and scaled scores)
  - Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
  - Stanford-Binet Intelligence Scale (4th Ed.)
  - Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.
2. Achievement
  - Woodcock-Johnson III (WJ III): Tests of Achievement
  - Wechsler Individual Achievement Test (WIAT)
  - Scholastic Abilities Test for Adults (SATA)
  - Nelson-Denny Reading Test (timed and untimed); given in conjunction with one of the above tests to further document reading abilities and reading rate
  - Test of Word Reading Efficiency
  - The Wide Range Achievement Test Third Edition (WRAT-3)
  - Peabody Individual Achievement Test (PIAT, PIAT-R)

Please note, The Wide Range Achievement Test: Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PIAT, PIAT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing
- Wechsler Memory Scale-III
  - Swanson Cognitive Process Test (S-CPT)
  - Test of Adolescent/Adult Wordfinding (TAWF)
  - Information from subtest, index and/or cluster scores on the WAIS-III (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability; (Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.
  - Comprehensive Test of Phonological Processes

#### **IV. Learning Disability**

1. Do you believe the Applicant's motivation level, interview behavior and/or test-taking behavior was adequate to yield reliable diagnostic information/test results? \_\_\_\_ Yes \_\_\_\_ No

Describe how this determination was made.

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2. Please include any informal measures, background history and clinical observations that aided you in determining that this individual has a learning disability.

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3. Is the Applicant substantially limited in a major life activity? \_\_\_\_ Yes \_\_\_\_ No

If your answer above was "yes," in the block below, identify the major life activity and describe the substantial limitation.

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4. Is the Applicant significantly restricted as to the condition, manner or duration under which the Applicant can perform the activity as compared to the general population? \_\_\_\_ Yes \_\_\_\_ No

In the block below, please explain why or why not.

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5. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain.

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6. Is there any medical or scientific study you can cite which provided you with data enabling you to determine on an objective basis the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability? \_\_\_\_ Yes \_\_\_\_ No  
If the answer to the above question was "yes," please attach a copy of the study to this form. In the space below, describe how the study supports the accommodations you have recommended for the Applicant.

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#### IV. Complete Attachments

1. TESTING MODIFICATIONS REQUEST CHART (TMRC) attached & completed
2. ADDITIONAL TIME REQUEST CHART (ATRC) attached & completed

#### IV. Licensed Healthcare Professional's Certification

I have attached to this Form C copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form C for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the VBE under standard testing conditions or to delay taking the VBE until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification on my responses on this form.

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Signature of Licensed Healthcare Professional

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Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

**TESTING MODIFICATIONS REQUEST CHART (TMRC)**

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to the water fountain or water station. \*In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

**Chart A**

Check box	ACCOMMODATION	Specific rationale for accommodation. If you need more space, continue on a separate sheet of paper.
	Additional testing time.	<i>If checked, complete an ADDITIONAL TIME REQUEST CHART (ATRC) If ATRC is not completed, no extra time will be granted</i>
	Large Print (Standard - 12 point font) <input type="checkbox"/> 18 point <input type="checkbox"/> 24 point	
	Braille version of Exam	
	Use of magnifying glass or special visual aid/apparatus. <i>Specify in next column.</i>	
	Assistance in filling in MBE grid	
	Use of sign language interpreter	
	Use of a reader	
	Typist/use of a court reporter	
	Audio cassette version of exam	
	Separate testing area	
	Wheelchair accessibility	
	Other requests not listed above (please list requests below)	

*\*If an applicant with a claimed disability requests the use of a computer to type the answers to the essay questions and if the Board or its expert in the claimed disability concurs that the use of a computer is medically necessary, then the Board will guarantee the applicant a seat in one of the laptop testing rooms **provided** the applicant properly registers and pays the appropriate fee.*

## ADDITIONAL TIME REQUEST CHART (ATRC)

### **Day 1, Morning Session:**

Applicants are administered an essay test consisting of 5 essay questions in various subject matters. An applicant is provided 8 sheets of lined paper per answer. Typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her answers using their own laptop computer.

<b>Standard Time</b>		<b>Requested Additional Time</b>		<b>Total Test time for this testing session</b>
3 hrs (180 min)	+		=	

**Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.**

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### **Day 1, Afternoon Session:**

Applicants are administered an essay test consisting of 4 essay and 20 short answer questions (designed to be answered in a few words) in various subject matters. An applicant is provided 8 sheets of lined paper per essay answer and typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her essay answers using their own laptop computer. Short answer questions must be handwritten in the short answer booklet.

<b>Standard Time</b>		<b>Requested Additional Time</b>		<b>Total Test time for this testing session</b>
3 hrs (180 min)	+		=	

**Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.**

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### **Day 2, Morning Session:**

Applicants are administered a 100-question multiple-choice examination which must be answered by “bubbling” in (using a pencil) answers on a computer-graded grid sheet.

<b>Standard Time</b>		<b>Requested Additional Time</b>		<b>Total Test time for this testing session</b>
3 hrs (180 min)	+		=	

**Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.**

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### **Day 2, Afternoon Session:**

Applicants are administered a 100-question multiple-choice examination which must be answered by “bubbling” in (using a pencil) answers on a computer-graded grid sheet.

<b>Standard Time</b>		<b>Requested Additional Time</b>		<b>Total Test time for this testing session</b>
3 hrs (180 min)	+		=	

**Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.**

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